

Appl. No. 10/006,074  
Amdt. dated 09/20/2004  
Reply to Office Action of 06/23/2004

#4/11  
CL  
10/12/04

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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In re: Application of: :  
Banerjee et al. :  
Serial No: 10/006,074 : Before the Examiner:  
 : Gabriel L. Chu  
Filed: 12/06/2001 : Group Art Unit: 2114  
 :  
Title: APPARATUS AND METHOD : Confirmation No.: 8811  
OF DIAGNOSING NETWORK :  
PROTOCOL ERRORS USING XML :  
DOCUMENTS :

AMENDMENT A

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

In response to the Office Action of June 23, 2004,  
please amend the above-identified Application as shown  
below and consider the following Remarks.

Amendments to the Specification begin on page 2 of this  
paper.

Amendments to the CLAIMS begin on page 4 of this paper.

Remarks begin on page 10 of this paper.

AUS920010869US1

Page 1 of 14

PTO/SB/21 (02-04)

Approved for use through 07/31/2008. OMB 0851-0031

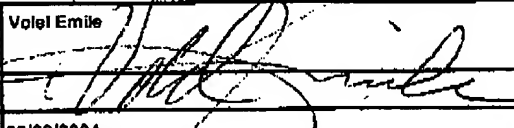
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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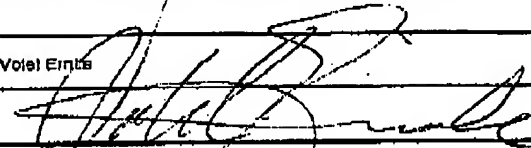
|   |                        |                 |
|---|------------------------|-----------------|
| <b>TRANSMITTAL<br/>FORM</b><br><br>(to be used for all correspondence after initial filing) | Application Number     | 10/006,074      |
|   | Filing Date            | 12/06/2001      |
|   | First Named Inventor   | Banerjee et al. |
|   | Art Unit               | 2114            |
|   | Examiner Name          | Gabriel L. Chiu |
|   | Attorney Docket Number | AUS920010689US1 |
| Total Number of Pages in This Submission  |                        |                 |

| ENCLOSURES (Check all that apply)   |  |  |
|---|--|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><input checked="" type="checkbox"/> Amendment/Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Response to Missing Parts/Incomplete Application<br><input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation<br><input type="checkbox"/> Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance communication to Technology Center (TC)<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input type="checkbox"/> Other Enclosure(s) (please identify below): |
| Remarks   |  |  |

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

|                         |   |
|-------------------------|---|
| Firm or Individual name | Volet Emile   |
| Signature               |  |
| Date                    | 09/20/2004  |

**CERTIFICATE OF TRANSMISSION/MAILING**

|   |   |      |            |
|---|---|------|------------|
| I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. |   |      |            |
| Typed or printed name   | Volet Emile   |      |            |
| Signature   |  | Date | 09/20/2004 |

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

DOCKET NUMBER: AUS920010869US1

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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In re: Application of:           :
      Banerjee et al.           : Before the Examiner:
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Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified Application.

X No additional fee is required  
The fee has been calculated as shown below:

|   | Claims<br>Remaining<br>After<br>Amendment |       | Highest No.<br>Previously<br>Paid For |   | Present<br>Extra | Rate    | Addit.<br>Fee |
|---|---|-------|---------------------------------------|---|------------------|---------|---------------|
| Total                                   | 28  | MINUS | 28                                    | = | 0                | x 18 =  | \$ 0.00       |
| Indep.                                  | 4   | MINUS | 4                                     | = | 0                | x 86 =  | \$ 0.00       |
| 1st Presentation of Multiple Dep. Claim |   |       |                                       |   |                  | x 260 = | \$ 0.00       |
|   |   |       |                                       |   |                  | TOTAL   | \$ 0.00       |

Please charge my Deposit Account No. 09-0447 in the amount of \$ 0.00.  
A duplicate copy of this sheet is enclosed.

X The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account **09-0447**. A duplicate copy of this sheet is enclosed.

X Any additional fees required under 37 CFR §1.16 for the presentation of extra claims.

X Any patent application processing fees under 37 CFR 51.17

Respectfully submitted,

By:

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Registration No. 39,969  
(512) 306-7969